



PRIVATE SANITARY SEWERS OPERATING PROGRAM (PSO)

Permit Application

DERM - Miami-Dade County
Plan Review & Development Approvals
11805 SW 26 Street
Miami, Florida 33130
Phone: (786) 315-2800
Fax: (786) 315-2919

Notes

Please complete and/or correct information as necessary.

You **MUST** return this form properly **SIGNED**.

If your permit includes one or more Private Pump Stations, you **MUST** also submit the **ELAPSED TIME (E.T.)** Meter Readings for the last 12 months, utilizing the new ELECTRONIC FORM. Contact the PSO program for a copy of the electronic form.

PERMITTEE INFORMATION (Please print or type) Class: PSO-_____

Permittee Name: _____ (Mailing Contact Name)	Title: _____
Mail Address: _____	
City: _____	State: _____ Zip Code: _____ Phone No.: _____ Ext. _____
e-mail address (if any): _____	

Facility Name: _____ (Include Store Number, If applicable)	
Company Name: _____	
Facility Address: _____	
City: _____	Zip Code: _____
Property Owner: _____ (As it appears in County records)	Facility Phone: () _____ Ext. _____
Property Tax Folio No.: _____	

EMERGENCY CONTACT INFORMATION: (You Must Complete / Update this box)

Emergency Contact Person: _____	Phone (24 HRS): _____
Maint./Service Contractor (& Ph. No.): _____	

SIGNATURE STATEMENT: (Form must be properly signed)

The undersigned owner or authorized representative* of: _____
Facility / Business / Company Name

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all the rules and regulations of the department. He/She also understands that a permit, if granted by the department, will be non-transferable and he/she will notify the department upon sale, change of location, or legal transfer of the permitted facility.

*Attach letter of authorization, if necessary

I certify under penalty of law that this document was prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative, Owner or Corporate Official: _____	Signature _____
Print Name: _____	Date: _____

ANNUAL REPORT**PSO-0**_____**I. SYSTEM DESCRIPTION**

Contact person at facility:

Phone:

Emergency / Night Contact:

Phone (24 hr.):

A. Type of Use.

Office / Retail / Warehouse _____ Manufacturing _____ Residential _____ Other _____

Business Hours: _____ hours per day _____ days per week Other: _____

II. RECORDS

- A. If there have been any changes in the collection system during the last year, attach current Sanitary Sewer Collection System Drawing or Plumbing Plan (outside buildings only).

Copy attached: Yes _____ No _____

- B. Has the Sanitary Sewer System within the property/facility been evaluated for a future rehabilitation work or due to the SSES requirement?

Future Work: Yes _____ No _____ SSES Requirement: Yes _____ No _____

If yes, provide schedule and scope of work. If necessary, use a separate sheet of paper

- C. Has any rehabilitation work been completed within the past year, to correct Infiltration / Exfiltration / Inflow within the property?

Yes _____ No _____ If yes, provide scope of work. If necessary, use a separate sheet of paper

- D. Nuisance problems.

Has the property /facility experienced any sewer overflows and/or sewer back-ups, etc., within the last 12 months?

Yes _____ No _____ If yes, explain. If necessary, use a separate sheet of paper

- E. Is there a LOG BOOK, for recording ALL ACTIVITIES at the Private Sanitary Sewer System, available on-site? Yes ___ No ____ If Yes, indicate the exact location of the Log Book:

CONTACT DERM – PSO PROGRAM AT (786) 315-2800 IF YOU NEED CLARIFICATION ABOUT THE LOG BOOK

Table 1. Collection System Parameters

	4 in.	6 in.	8 in.	10 in.	12 in.	>12 in.	# of Sanitary Manholes	Pump Station(s)
Previously Reported to DERM (ft.)								

The form must be submitted with the corresponding fee.

Please attach a check in the corresponding amount made payable to “Miami-Dade County”. This fee amount is based on the fee schedule approved by the Board of County Commissioners. See table below.

FEE SCHEDULE
<p>The permit fee is the sum of the Piping Fee plus the Private Pump Station Fee. The piping fee is required ONLY if the facility has more than 1000 feet of pipe, six inches or larger in nominal diameter. Otherwise, the fee will be based on the number of private pump stations only.</p> <p><u>Piping Fee</u></p> <ul style="list-style-type: none">• 4 in. pipe: No Charge• 6 in. pipe: \$0.12/LF• 8 in. pipe: \$0.20/LF• >8 in. pipe: \$0.26/LF <p><u>Private Pump Station Fee</u></p> <ul style="list-style-type: none">• Sanitary Pump Station fee is now at \$175.00 each for all type facilities, regardless if they meet the 1000 feet criteria.

Contact the Private Sanitary Sewers Operating (PSO) Program at (786) 3 15-2800 if you need assistance calculating the fee or if you have any other questions about the PSO Program.